

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101575714

4/12/06

CLAIMS

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	4							
TOTAL DEP.	4							
TOTAL CLAIMS	8							

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
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